

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
P.O. Box 259, Augusta, ME 04332-0259

AUTHORIZATION TO CORRECT WAGES

Maine Employer Account Number	Employer's Name and Address
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Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

Item	Amount Reported	Corrected Amount	Difference
Total Wages	\$	\$	\$
Wages in Excess of \$12,000 Per Employee	\$	\$	\$
Taxable Wages	\$	\$	\$
Contributions	\$	\$	\$

Contribution
Rate
_____%

Total Overpayment \$ _____ (Do not reduce future tax liabilities by this credit.)

Total Underpayment \$ _____ (Please remit payment with this report.)

> > MAKE CHECK OR MONEY ORDER PAYABLE TO BUREAU OF UNEMPLOYMENT COMPENSATION < < <

INDIVIDUAL EMPLOYEE WAGE CORRECTIONS					
Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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QUESTIONS ABOUT THIS NOTICE?

Contact a Wage Record Representative at (207) 287-1231 Fax: (207) 287-3733
TTY (Deaf / Hard of Hearing): 1-800-794-1110 E-mail address: division.uctax@Maine.gov